Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT Code 99243-57.

   b. The request was received on April 6, 2002

II. EXHIBITS

1. Requestor, Exhibit 1:

   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA's
   c. EOB
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit 2:

   a. TWCC 60 and/or Response to a Request for Dispute Resolution
   b. HCFA's
   c. Audit summaries/EOB
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on June 18, 2002. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.

4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated June 7, 2002 that… "…On February 5, 2002, ___ was consulted to ___ to evaluate ___ for a crush injury to the proximal phalanx of the right index finger. This was the initial encounter with the patient and a complete history and physical were carried out and determined that surgical intervention was indicated. A HCFA 1500 claim form was submitted with modifier '57' attached to the E/M service and a copy of the consultation report was submitted. Modifier '57' is used to identify and E/M service that resulted in the initial decision to perform surgery and not be considered as global or unbundling…"

2. Respondent: The respondent states in their reconsideration letter dated March 20, 2002 that … "Per your request, a retrospective review of the original audit for the dates listed above has been completed. Based on this review, it has been determined that no additional reimbursement is recommended… Evaluation and management service denied in accordance with the Texas Medical Fee Guideline Ground Rules regarding global pre-operative medical care…"

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is February 5, 2002.

2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MAR$ (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/05/02	99243-27	$175.00	$0.00	G	$116.00	MFG, SGR (I)(B)(1)(a-b)	Per rule referenced, office consultation is considered global to the surgery. Modifier "57" is not listed in the MFG. Reimbursement is not recommended.
Totals		$175.00	$0.00				The Requestor **is not** entitled to reimbursement.

The above Findings and Decision are hereby issued this 9th day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MFmf